



SHARP

Consulting Service

PO Box 1284
Big Stone Gap, VA 24219
Phone: (276) 870-0987
e-mail: SharpConsultingService@gmail.com

RECEIVED

APR 07 2016

DEQ SWRO

Robinette Mobile Home Park, LLC

Purestream 10,000 GPD

Extended Aeration Sewage Treatment Plant

Application for Reissuance Permit
VPDES Permit# 0092045

July 2016



PO Box 1284
Big Stone Gap, VA 24219
Phone: (276) 870-0987
e-mail: SharpConsultingService@gmail.com

Table of Contents

Introduction	1
NPDES Permit Application Addendum	2
VPDES Sewage Sludge Permit Application for Permit Reissuance	3
Receiving Facility Confirmation Letter	5
NPDES Form 2A Application	6
Attachments:	
Route map	Figure 1
Location Map	Figure 2



PO Box 1284
Big Stone Gap, VA 24219
Phone: (276) 870-0987

e-mail: SharpConsultingService@gmail.com

Introduction

The Robinette Mobile Home Park, LLC is located north of Addington on State Route 620 in Wise County, Virginia. The facility is owned by Deborah Fleming and operated by Sharp Consulting Service. The VPDES reissuance application for the proposed 10,000 gallon per day (GPD) Purestream extended aeration treatment plant is being submitted for continued operation authorization.

VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Robinette Mobile Home Park, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? No

3. Provide the tax map parcel number for the land where the discharge is located. 012124

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? N/A

5. What is the design average effluent flow of this facility? 0.01 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? No

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Robinette Mobile Home Park, LLC

100% of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 20

0 % of flow from non-domestic connections/sources

7. Mode of discharge: Continuous ☒ Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Discharge from Sewage Treatment Plant

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. Approval Date(s):

O & M Manual 02/05/2009 Sludge/Solids Management Plan 01/10/2007

Have there been any changes in your operations or procedures since the above approval dates? No

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Robiette Mobile Home Park, LLC VPDES Permit No: VA0092045

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☒ A back up method of sludge disposal

- a. Receiving Facility Name Coeburn Norton Wise Wastewater Treatment Plant
- b. Receiving Facility VPDES Permit No. VA0077828
- c. Include an acceptance letter from the Receiving Facility.
- d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

- a. Landfill Name _____
- b. Landfill Permit No. _____
- c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

- a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☒ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

- b. Facility Name _____
- c. Air Registration No. _____
- d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? ☐ Yes ☒ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

- a. Permittee Name _____
- b. Permit No. _____

- c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9VAC25-31-710.B.1. through B.4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720.B.1. through 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540.B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100.P.9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

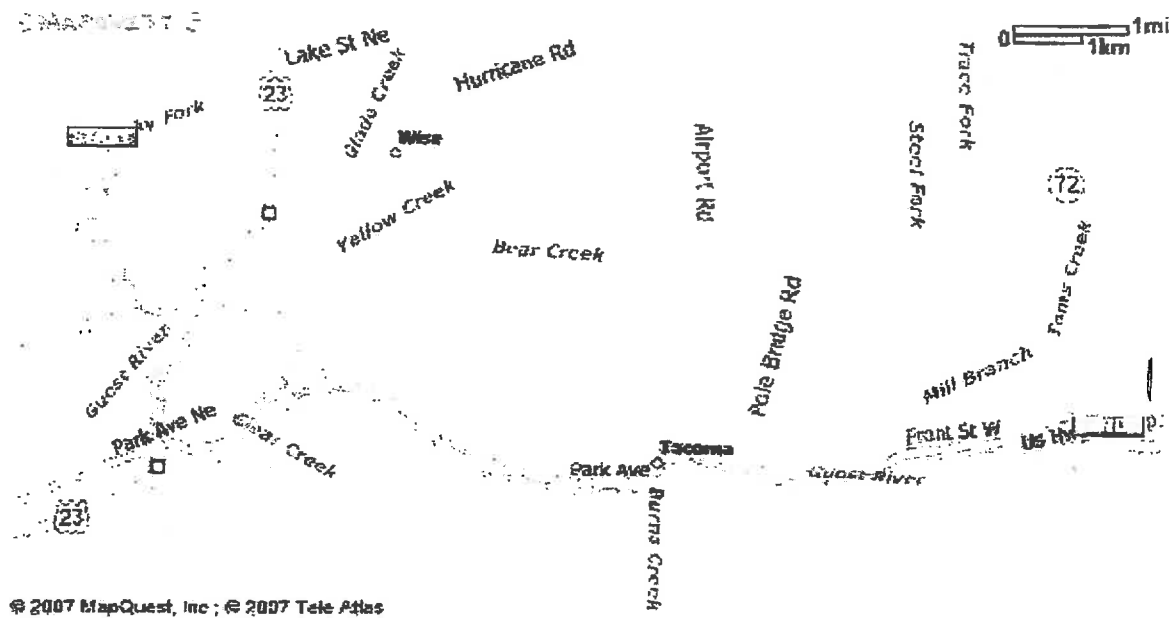
Name and Official Title Deborah Fleming, Owner

Signature Deborah Fleming

Telephone number / Email (276) 676-0097

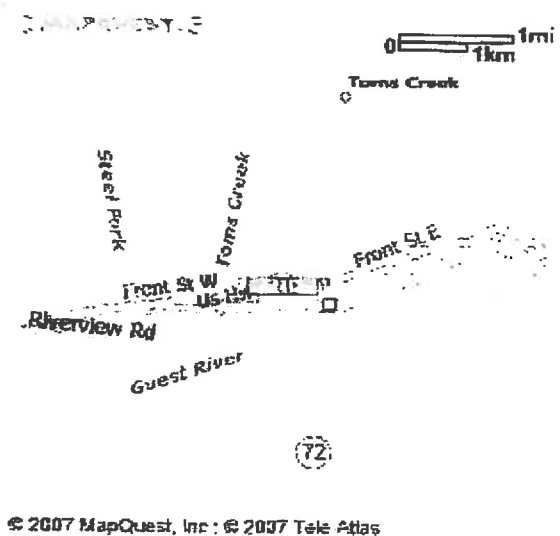
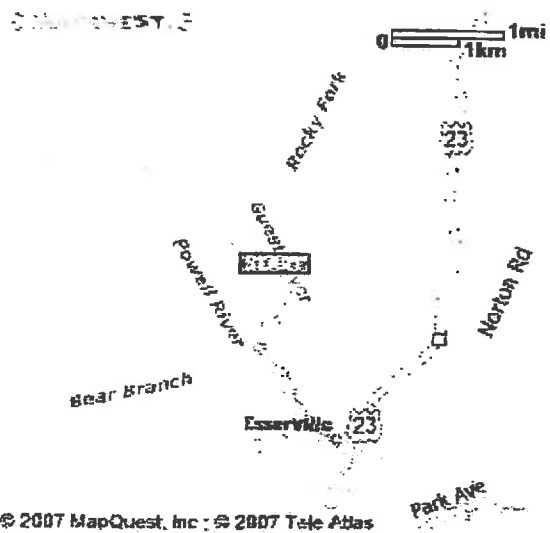
Date signed 01/15/2015

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



Start:
Addington, VA US

End:
Coeburn, VA US



All rights reserved. Use Subject to License/Copyright
These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

Sludge haul route.

Figure. 1

Caynor Smith
Chairman

Joseph Fawbush
Huck Hunnicutt
Jerry Kilgore
Jess R. Powers
Mike Wright



819 Virginia Avenue N.W.
P. O. Box 1296
Norton, Virginia 24273-0922
(276) 679-7236
Fax (276) 679-2401

March 17, 2016

Mark S. Hollyfield
Executive Director

Mr. Anthony Sharp
Sharp Consulting Service
P.O. Box 1284
Big Stone Gap, Virginia 24219

RE: Robinette Mobile Home Park Sewer Plant Sludge

Dear Mr. Sharp,

I am writing confirm that Robinette Mobile Home Park is authorized to dispose of wastewater treatment plant digester contents at the Coeburn-Norton-Wise Regional Waste Water Treatment Plant. The Authority reserves the right to terminate this authorization at any time. You are prohibited from disposing the contents of grease traps, industrial wastes, or any material that is considered dangerous, hazardous, or toxic at the C-N-W plant.

Before transporting a load of wastes to the Plant, please contact Mark Smith at 276-395-5302 to coordinate the date, time, and location of disposal. I always strongly suggest that Mark be contacted prior to pumping a digester. This may prevent inconvenience, if for some reason, the Plant is unable to accept wastes at a particular time. If you have questions, please call or write.

Sincerely,
**COEBURN-NORTON-WISE
REGIONAL WASTE WATER
TREATMENT AUTHORITY**

A handwritten signature in blue ink, appearing to read "Mark Hollyfield".

Mark S. Hollyfield
Executive Director

Copy to: C-N-W Regional Wastewater Treatment Plant

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:Robinette Mobile Home Park, LLC / VA0092045Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.****A.1. Facility Information.**Facility Name Robinette Mobile Home Park, LLCMailing Address 19347 Hunt Club Road
Abingdon, VA 24211Contact Person Deborah FlemingTitle Operating ManagerTelephone Number (276) 676-0097Facility Address 7610 Kashmir Way
(not P.O. Box) Norton, VA 24273**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number () _____

Is the applicant the owner or operator (or both) of the treatment works?☒ owner☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility☒ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0092045

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

Mobile Home Park55PrivatePrivateTotal population served 55

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ NoA.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.01
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>.001</u>	<u>.002</u>	<u>.002</u>
c. Maximum daily flow rate	<u>.001</u>	<u>.002</u>	<u>.002</u>

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒
- Separate sanitary sewer

100 %

- ☐
- Combined storm and sanitary sewer

_____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent

3

- ii. Discharges of untreated or partially treated effluent

- iii. Combined sewer overflow points

- iv. Constructed emergency overflows (prior to the headworks)

- v. Other

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) .002 mgdIs discharge ☐ continuous or ☒ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Tank Truck

If transport is by a party other than the applicant, provide:

Transporter Name Y&Y ServicesMailing Address PO Box 1620
Wise, VA 24293Contact Person Sherry YearyTitle OwnerTelephone Number (276) 328-8345

For each treatment works that receives this discharge, provide the following:

Name Coeburn Nortone Wise Wastewater Treatment PlantMailing Address 819 Virginia Ave NW
Norton, VA 24273Contact Person Mark HolyfieldTitle Executive DirectorTelephone Number (276) 679-7236

If known, provide the NPDES permit number of the treatment works that receives this discharge VA0077828

Provide the average daily flow rate from the treatment works into the receiving facility. N/A mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: N/A

Is disposal through this method ☐ continuous or ☒ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Norton 24273
(City or town, if applicable) (Zip Code)
Wise VA
(County) (State)
36 Deg 58 Min 49.23N Sec 82 Deg 37 Min 27.37W Sec
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 0.002 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 350
- Average duration of each discharge: 20 Minutes
- Average flow per discharge: 0.0015 mgd
- Months in which discharge occurs: All
- g. Is outfall equipped with a diffuser? ☒ Yes ☐ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Guest River
- b. Name of watershed (if known) Clinch
United States Soil Conservation Service 14-digit watershed code (if known): 060102050501
- c. Name of State Management/River Basin (if known): Unknown
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 06010205
- d. Critical low flow of receiving stream (if applicable)
acute Unknown cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): Unknown mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment

- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall?

☒ Yes☐ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE				
	Value	Units	Value	Units	Number of Samples		
pH (Minimum)	7.0	S.U.					
pH (Maximum)	8.0	S.U.					
Flow Rate	.002	MGD	.0015	MGD	350		
Temperature (Winter)	21.8	C	21.8	C	350		
Temperature (Summer)	25.6	C	25.6	C	350		
* For pH please report a minimum and a maximum daily value							
POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	.0015	MGD	.002	MGD	350	
	CBOD5						
FECAL COLIFORM	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)	.0015	MGD	.002	MGD	350		

FACILITY NAME AND PERMIT NUMBER:

Robinette Mobile Home Park, LLC / VA0092045

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Deborah Fleming

Signature

Deborah Fleming

Telephone number (276) 676-0097

Date signed 01/15/2016

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

WISE QUAD

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

UNITED STATES
TENNESSEE
MAPPING

4458 II SW
FLAT GAP 186 SW

82°37'30"
37°00'

356000m E.

357

JENKINS 17 MI.
POUND 9 MI.

358

359 35'

360

4095000m N.

FLAT GAP 12 MI.
LIPPS 2.7 MI.

TRAILER
PARK

